

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF OKLAHOMA

PRO SE PRISONER CIVIL RIGHTS COMPLAINT

FILED

OCT 18 2021

PATRICK KEANEY
Clerk, U.S. District Court

By _____
Deputy Clerk

Marylin Marie Porter
Plaintiff's full name (Please print)

Case No. **21 CIV 311 JFH**

(To be filled out by Clerk's
Office only)

v.

(1) Joel McCurdy, C.M.O.
Defendant(s)' full name (Please print)

(2) WCC (Whistleblower Review Committee)
- Doctor's ("Medical Staff")

Jury Trial
DEMANDED

For additional names please write "see attached" in the space
above and attach an additional sheet of paper with the full list
of names. The names listed in the above caption must be
identical to those contained in Section IV, pursuant to Fed.
R. Civ. P. 10(a).

NOTICE

Federal Rule of Civil Procedure 5.2 and Local Civil Rule 5.3 address the privacy and security concerns resulting from public access to electronic court files. Under these rules, papers filed with the court should not contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include only: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Each claim you raise must be properly exhausted. If the evidence shows that you did not fully comply with an available prison grievance process prior to filing this lawsuit, the court may dismiss the unexhausted claim(s) or grant judgment against you. See 42 U.S.C. 1997e(a).

Plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

I. JURISDICTION

Indicate below the federal legal basis for your claim, if known.

- ☒ 42 U.S.C. § 1983 (state, county, or municipal defendants)
- ☐ Action under *Bivens v. Six Unknown Federal Narcotics Agents*, 403 U.S. 388 (1971) (federal defendants)

II. PLAINTIFF INFORMATION

Marilyn Monae' Porter, (Lamone Schen)
Full name *Aliases*

746047
Prisoner ID #

Oklahoma State Penitentiary
Place of Detention/Incarcarnation

P.O. Box 97
Institutional Address

McAlester, OK 74502
City *State* *Zip Code*

III. PRISONER STATUS

Indicate whether you are a prisoner or other confined person as follows:

- ☐ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☒ Convicted and sentenced state prisoner
- ☐ Convicted and sentenced federal prisoner

IV. DEFENDANT(S)' INFORMATION

List the following information for each defendant. If the correct information is not provided, it could result in the delay or prevention of service. Make sure that the defendant(s) listed below are identical to those contained on the first page. Attach additional sheets of paper as necessary. Do not write on the backs of any additional sheets. See Local Civil Rule 5.2(a).

Defendant 1:

Joel McCurdy
Full Name
Chief Medical Officer
Current Job Title
3300 N. Martin Luther King Ave,
Current Work Address
OK , OK 73111
City State Zip Code

Defendant 2:

UIC Utilization Review Committee
Full Name
A group of medical doctors ("staff")
Current Job Title
3300 N. Martin Luther King Ave,
Current Work Address
OK, OK 73111
City State Zip Code

V. STATEMENT OF CLAIMS**A. Claim 1**Date(s) of occurrence: 5-18-21, 5-16-21,Place(s) of occurrence: Oklahoma State Penitentiary

State which of your federal constitutional or federal statutory rights have been violated:

"Serious medical care denial" of the 5th Amendment to the U.S. Constitution

Briefly state the FACTS that support your case. Provide a short and plain statement of how each named defendant was personally involved in the violation of your constitutional rights and why you are entitled to relief from each named defendant. See Fed. R. Civ. P. 8(a). Do not cite case law.

FACTS: On 5-18-21, Plaintiff Pleased in ^{multiple} sick calls that consisted of treating her Gender dysphoria with surgical treatments, some procedures such as (Breast augmentation, Face lift A.K.A. (Facial Feminization Surgery) and Dermal Fillers) Plaintiff wished to pay for after care expenses, others like sex reassignment surgery, Plaintiff did (see attached)

B. Claim 2Date(s) of occurrence: 5-18-21, 5-16-21Place(s) of occurrence: Oklahoma State Penitentiary

State which of your federal constitutional or federal statutory rights have been violated:

Equal Protection Clause of the Fourteenth Amendment to the U.S. Constitution

FACTS: On 5-18-21, Plaintiff Pleased in multiple sick calls that consisted of treating her Gender dysphoria with surgical treatments, some procedures such as Breast augmentation, Face lift, A.K.A. Facial Feminization Surgery, Dermal (see attached)

V. Statement of Claims, A. Claim 1.

FACTS (Continued) Not think she had enough savings for but needed the surgery most because it would cure her Gender dysphoria. O.D.U.C has a Policy for "Determination and Management of Trans With Gender dysphoria", which requires that Gender dysphoria be determined by a QMHP appointed by the Agency's Chief mental health officer. That QMHP diagnosed Plaintiff with Gender dysphoria, Plaintiff seeks surgical treatments to cure her gender dysphoria, Plaintiff has ~~been~~ harmed herself in the past due to gender dysphoria, she wishes to have surgery so she could then love herself, right now Plaintiff hates herself, her birth genitalia, her face of masculinity, her sagging breasts so Plaintiff turned in medical sick call ~~and~~ slips to seek relief from self harming herself and to cure or help her gender dysphoria. Plaintiff's Physician Dr. Payne referred the surgical treatments request to the proper authority as the Policy stated is the Chief medical officer, Delmear and the UIC (Utilization Review Committee). Plaintiff was denied her surgical treatments to cure her gender dysphoria which is a serious medical need. The Defendants were deliberate indifference 1981

to Plaintiff's serious medical need,
 she suffers from Surgery Breast Pain and mental distress.

Claim 2 (Continued) filters.

Plaintiff wished to pay for at her own
 expense. Others like sex reassignment
 Surgery Plaintiff did not think she had
 enough savings for but needed this surgery
 most because it would cure her Gender
 dysphoria. Plaintiff requested these surgeries
 through her physician Dr. Payne who referred
 it to the proper authority Dr. Joel McCurdy
 Chief medical officer and UIC Utilization
 Review Committee) when denied Plaintiff's
 Surgical treatment this is discrimination because
 O.D.O.C. medical staff is allowing another
 inmate with gender dysphoria Glen Ryder to
 undergo surgical treatments such as Buttock
 augmentation and sex reassignment surgery.

VI. RELIEF REQUESTED

Briefly state what you want the Court to do for you. Do not make legal arguments or cite cases or statutes.

The preliminary Injunction ordering defendants and their successors, employers etc to give Plaintiff her Surgical Treatments reversed. A Total Sum of \$3.5 million in Punitive damages and a total sum of \$1.5 million and Compensatory Damages. And Cost of this Suit and Attorney fees.

VII. PRISONER'S LITIGATION HISTORY

The "Three Strikes Rule" bars a prisoner from bringing a civil action or an appeal in forma pauperis in federal court if the prisoner has "on three or more occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury." 28 U.S.C. § 1915(g).

Have you brought any other lawsuits in federal court while a prisoner?

☒ Yes ☐ No

If yes, how many?

4

Number each different lawsuit below and include the following:

- Name of case (including defendants' names), court, and docket number
- Nature of claim made
- How did it end? (For example, if it was dismissed, appealed, or is still pending, explain below.)
- Did the court assess a "Strike" or find the dismissal a "Prior Occasion" pursuant to 28 U.S.C. 1915 (g).


- ① Lamorne M. Johnson v. John Doe et al, W.D. of Okla, So 17 - CV-01317-K, Violations of 8th Amendment rights, Case was dismissed due to statute of limitations.
- ② Lamorne M. Johnson v Deputy warden John Doe,

W.D. of Okla, 5:19-CV-00089-R, Violations of 8th Amendment rights, could not make filing fee payment, Case dismissed without prejudice (3) Johnson v. Dr. Sanders et al, E.D. of Okla, 6:19-CV-00119-KAW-SPS, Violations of 14th, 8th, 1st Amendment rights, Still Pending (4) Marilyn Monet Parker v. Luke Lettignew - et al, W.D. of Okla, CIV-20-764-R, 14 Amendment rights, Still Pending

VIII. PLAINTIFF'S DECLARATIONS:

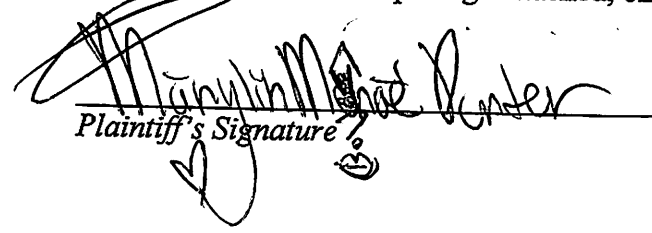
I declare under penalty of perjury that the foregoing is true and correct. To the best of my knowledge, information, and belief, this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending or modifying existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11 of the Federal Rules of Civil Procedure.

I agree to provide the Court Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Court Clerk's Office may result in the dismissal of my case.


Plaintiff's Signature

9-17-21
Date

I further declare under penalty of perjury that I placed this complaint in the prison's legal mail system, with the correct postage attached, on the 15th day of OCT, 2021.


Plaintiff's Signature

10-15-21
Date

Exhibit 1-1

OKLAHOMA DEPARTMENT OF CORRECTIONS
REQUEST FOR HEALTH SERVICES# 1111
412

TO BE COMPLETED BY INMATE

Facility: OSP Date: 5-18-21Inmate Name Lamone Johnson DOC # 74407 Unit C4-12

I request the following service(s): (Check appropriate box(s))

☒ Medical
 ☐ Mental Health
 ☐ Dental
 ☐ Optometry (eye)
 ☐ Medication Renewal
(expired medications only)
Reason for service: I would like to get a face lift
and Breast lift at my own expense. Per OP-
140147

I understand that in accordance with operations memorandum OP-140117 entitled "Access to Health Care", I will be charged \$4 for each medical service I request and a charge of \$4 for each medication(s) dispensed to me, with the exceptions noted in the above-reference operations memorandum. There is no charge to the inmate for mental health services and/or mental health medications.

Inmate Signature Lamone Johnson Date: 5-18-21

TO BE COMPLETED BY HEALTH SERVICES

Date Received
05/20/21Initials
AMComment: Scheduled
[Signature]
RN/LPN Health Care Provider Signature

05/20/21
Date

"Return the "Request for Health Services" with the disposition of the inmate's request in the comment section to the inmate after scanning into the inmate's EHR.

NOTE: All "Keep on Person" (KOP's) medication refill requests must be submitted to the facility's health services unit or to the medical host facility, using the "Medication Refill Slip" (DOC 140130M). "Medication Refill Slips" must be submitted within ten days of the date the medication expires or runs out. "Medication Refill Slips" are readily available and accessible at designated locations within the facility.

DOC 140117A
(R 5/17)

Exhibit
1-2

TO BE COMPLETED BY INVA

Facility: OSP Date: 5-18-21

Inmate Name Lamone Johnson DOC # 741017 Unit C-4-12

☒ Medical ☐ Mental Health ☐ Dental ☐ Optometry (eye) ☐ Medication Renewal
(expired medications only)

Reason for service: I would like to receive fillers at
my own expense Per 014047

I understand that in accordance with operations memorandum OP-140117 entitled "Access to Health Care", I will be charged \$4 for each medical service I request and a charge of \$4 for each medication(s) dispensed to me, with the exceptions noted in the above-reference operations memorandum. There is no charge to the inmate for mental health services and/or mental health medications.

Inmate Signature [Signature] Date: 5-18-71

TO BE COMPLETED BY HEALTH SERVICES

Date Received
09/20/21

initials
HH

Comment: scheduled

[Signature]
RN/LPN/Health Care Provider Signature

05/20/21
Date

“Return the “Request for Health Services” with the disposition of the inmate’s request in the comment section to the inmate after scanning into the inmate’s EHR.

NOTE: All "Keep on Person" (KOP's) medication refill requests must be submitted to the facility's health services unit or to the medical host facility, using the "Medication Refill Slip" (DOC 140130M). "Medication Refill Slips" must be submitted within ten days of the date the medication expires or runs out. "Medication Refill Slips" are readily available and accessible at designated locations within the facility.

DOC 140117A
(R 5/17)

DOC 140117A
(R 5/17) ;

OKLAHOMA DEPARTMENT OF CORRECTIONS
REQUEST FOR HEALTH SERVICES

Exhibit 1-3

TO BE COMPLETED BY INMATE

Facility: OSP Date: 5-18-21Inmate Name Lamone Johnson DOC # 744047 Unit C4-12

I request the following service(s): (Check appropriate box(s))

☒ Medical
 ☐ Mental Health
 ☐ Dental
 ☐ Optometry (eye)
 ☐ Medication Renewal
(expired medications only)
Reason for service: I Would like to have SRS
(Sex reassignment surgery) Per OR 140147

I understand that in accordance with operations memorandum OP-140117 entitled "Access to Health Care", I will be charged \$4 for each medical service I request and a charge of \$4 for each medication(s) dispensed to me, with the exceptions noted in the above-reference operations memorandum. There is no charge to the inmate for mental health services and/or mental health medications.

Inmate Signature

Date: 5-18-21

TO BE COMPLETED BY HEALTH SERVICES

Date Received
05/20/21Initials
HHComment: scheduled
W. Howze LPM
RN/LPN/Health Care Provider Signature

05/20/21
Date

"Return the "Request for Health Services" with the disposition of the inmate's request in the comment section to the inmate after scanning into the inmate's EHR.

NOTE: All "Keep on Person" (KOP's) medication refill requests must be submitted to the facility's health services unit or to the medical host facility, using the "Medication Refill Slip" (DOC 140130M). "Medication Refill Slips" must be submitted within ten days of the date the medication expires or runs out. "Medication Refill Slips" are readily available and accessible at designated locations within the facility.

DOC 140117A
(R 5/17)

Exhibit 2-1

Determination and Management of Inmates with Gender Dysphoria	
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Determination and Management of Inmates with Gender Dysphoria	ACA Standards: None		
Scott Crow, Director Oklahoma Department of Corrections		Signature on File	

Determination and Management of Inmates with Gender Dysphoria

The purpose of this procedure is to establish processes for the appropriate assessment, diagnosis, and management of inmates with gender dysphoria (GD) in the Oklahoma Department of Corrections (ODOC).

I. Definitions

Definitions related to gender nonconforming inmates are outlined in OP-030601 entitled "Oklahoma Prison Rape Elimination Act."

A. Gender Dysphoria (GD)

A condition where there is clinically significant discontent or distress with one's sex assigned at birth and/or the gender roles associated with that sex.

B. Male-to-Female (MtF)

Feminized male (genotypic male) who has physical/medical risk factors of a male with added medical and mental health risks associated with feminization. Transgender female refers to the gender identity of a MtF person.

Exhibit 2-2

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C. Female-to-Male (FtM)

Masculinized female (genotypic female) who has physical/medical risk factors of a female with medical and mental health risks associated with masculinization. Transgender male refers to the gender identity of a FtM person.

II. Process for the Assessment and Determination of Gender Dysphoria

The "Request for Gender Dysphoria (GD) Evaluation/Treatment" Algorithm (Attachment C, attached) provides an outline of this process.

Inmates may self-identify as transgender, but not have gender dysphoria.

A. STEP ONE:

Initial request for gender dysphoria (GD) evaluation and/or treatment.

1. The inmate must submit a "Request for Health Services" form to medical requesting gender dysphoria (GD) treatment, specifying the type(s) of GD related considerations (GD evaluation, property, housing, hormone treatment, etc.) that they are requesting.
2. The facility health care provider will assess the inmate for the following:
 - a. Inmate's appearance and/or behavior do not match the gender identified on court or medical records.
 - b. Medical disorders causing or contributing to gender dysphoria symptoms (chromosomal or hormone conditions);
 - c. Medical conditions which may preclude or complicate medical treatment of GD;
 - d. Previous history of GD treatment;
 - e. Assess the inmate's understanding of medical effects and possible adverse effects of GD therapies; and

The inmate must read and sign the "Female to Male (FtM) Hormone Therapy Risk and Information Form" (Attachment B, attached) or "Male to Female (MtF) Hormone Therapy Risk and Information Form" (Attachment A, attached) acknowledging he or she understands and accepts all risks associated with GD treatment. The signed form is scanned into the inmate's electronic health record.

Exhibit 23

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- f. The health care provider will document any medical contraindications to GD treatment and refer the inmate to Mental Health.

B. STEP TWO:

Mental Health Evaluation by a qualified mental health professional (QMHP).

1. The qualified mental health professional (QMHP) appointed by the Chief Mental Health Officer will:
 - a. Review mental health history;
 - b. Assess for co-occurring mental health disorders/conditions that may complicate treatment or confound diagnosis of GD;
 - c. Determine substance use, past and present; and
 - d. Based on the current version of the Diagnostic and Statistical Manual of Mental Disorders, the qualified mental health professional will determine if the inmate meets criteria for a gender dysphoria diagnosis. If the inmate is diagnosed with gender dysphoria, the diagnosis is entered into EHR under the "Problem List."

C. STEP THREE:

Treatment and Reasonable Accommodations for inmates with a confirmed diagnosis of gender dysphoria.

Following diagnosis of gender dysphoria, if the inmate requests specific treatment and/or reasonable accommodations, the inmate must submit a "Request for Health Services" (DOC 140117A) form for each housing or treatment request. Housing requests will be submitted to mental health services. Medical treatment requests will be submitted to medical services for review and consideration.

D. Housing

Housing will be in accordance with OP-030601 entitled "Oklahoma Prison Rape Elimination Act." The agency shall not place transgender or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status. Health services staff may make housing recommendations to the facility head, after any necessary medical and/or mental health assessments have been completed. Complex cases that require a more extensive review will be submitted to the Personal Identity Administrative Review Authority (PIARA) by health services staff, a facility's PREA compliance manager, or a facility/unit head.

Exhibit 2-4

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E. Inmate Property

Inmates will be provided standard ODOC attire in accordance with OP-030120 entitled "Inmate Property." Inmates with a confirmed Gender Dysphoria diagnosis may receive state issued gender specific clothing/property or may purchase the items from the canteen. The clothing/property must be noted on the "Inmate Property Inventory Form" (DOC 030120A).

Any approved property will be allowed at subsequent facilities should the inmate transfer unless the approval has been revoked. Any authorized undergarments may be worn if not visible when the inmate is out of their cell. At no time will authorized undergarments be worn in a manner that is disruptive or provocative.

Misuse of gender specific clothing or property may result in revocation of authorization for the property and disciplinary action.

F. Hormone Therapy

1. Assessment and Reception Inmates Only

Inmates arriving at an Assessment and Reception center, who are received with hormone therapy prescriptions should have that therapy continued without interruption while the diagnosis is verified. The facility health care provider may temporarily continue the hormone medications after all of the following occur:

- a. Ensure there are no medical contraindications to hormone therapy;
- b. The inmate has signed the "Female to Male (FtM) Hormone Therapy Risk and Information Form" (Attachment B, attached) or "Male to Female (MtF) Hormone Therapy Risk and Information Form" (Attachment A, attached) acknowledging he or she understands and accepts all risks associated with GD treatment;
- c. Inmate is informed that a mental health evaluation will be performed and based upon the mental health evaluation report the medications may be discontinued;
- d. Obtain baseline lab work;
- e. Chief Medical Officer (CMO) must approve the hormone treatment before the facility health care provider prescribes hormone medications;

2. Inmates requesting hormone therapy following a GD diagnosis

Exhibit 2-5

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- a. The health care provider confirms that a diagnosis of Gender Dysphoria has been confirmed by a qualified mental health professional appointed by the Chief Mental Health Officer based on the diagnostic criteria of the most current version of the Diagnostic and Statistical Manual of Mental Disorders;
- b. The inmate has signed the "Female to Male (FtM) Hormone Therapy Risk and Information Form" (Attachment B, attached) or "Male to Female (MtF) Hormone Therapy Risk and Information Form" (Attachment A, attached) acknowledging he or she understands and accepts all risks associated with GD treatment;
- c. Consent to obtain baseline lab work, if indicated, to ensure there are no medical contraindications to hormone therapy;
- d. The Chief Medical Officer (CMO) will be co-signed to the note in the EHR for review of all relevant information and must approve the hormone treatment before the facility health care provider prescribes hormone medications.

III. Surgical Sex Reassignment

Surgical procedures for the initiation, advancement, or maintenance of sex reassignment will not be performed, except in extraordinary circumstances.

In accordance with OP-140121 entitled "Outside Providers for Health Care Management," the facility's health care provider will refer an inmate's request for surgical treatment of gender dysphoria to the Utilization Review Committee (URC) for consideration of approval. If the referral is approved, URC will forward the referral to the director for final review and authorization.

Self-inflicted genital mutilation will not constitute surgical reassignment therapy and will not qualify an inmate for placement in a facility for inmates of the opposite sex from the inmate's birth sex.

IV. Initiating Review by Personal Identity Administrative Review Authority (PIARA)

Inmates with a confirmed gender dysphoria diagnosis may have their housing, clothing, and health care needs specific to their gender associated request assessed by PIARA. This committee will consider each inmate on a case-by-case basis to ensure fair, safe, and appropriate management of their gender associated requests. (PREA 115.42/115.242)

- A. The committee may include, but is not limited to any or all of the following:
 1. Chief mental health officer;
 2. Chief medical officer;

Exhibit 2-6

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3. Agency PREA coordinator;
 4. Director, Health Services;
 5. Inmate's facility head or designee; and/or
 6. Medical and mental health provider at facility level.
- B. In accordance with OP-090124 entitled, "Inmate/Offender Grievance Process," the inmate may initiate a PIARA review through the grievance process.
- C. PIARA consideration may be requested by health services staff, a facility's PREA compliance manager, or a facility/unit head, if an exception to policy is needed or to determine consistency of agency practice. The referring staff member will complete a "Referral for Gender Associated Requests" (DOC 140147A, attached). The completed form will be scanned and emailed to PIARA@doc.ok.gov.
- D. Upon receipt of a PIARA review request, the PIARA will convene to review the request within 30 days

V. References

OP-030120 entitled "Inmate Property"

OP-030601 entitled "Oklahoma Prison Rape Elimination Act (PREA)"

OP-090124 entitled "Inmate/Offender Grievance Process"

OP-140121 entitled "Outside Providers for Health Care Management"

Rape Elimination Act of 2003, 42 U.S.C.A. §15601

"Diagnostic and Statistical Manual of Mental Disorders"

PREA 115.15/115.215

PREA 115.41/115.241

PREA 115.42/115.242

VI. Action

(The chief medical officer is responsible for compliance with this procedure.)

The director of Rehabilitative Services is responsible for the annual review and revisions.

Exhibit 2-7

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Any exceptions to this procedure will require prior written approval from the agency director.

This procedure is effective as indicated.

Replaced: Operations Memorandum No. OP-140147 entitled "Management of Gender Nonconforming Inmates" dated August 27, 2018

Distribution: Policy and Operations Manual
Agency Website

Exhibit 2-8

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<u>Referenced Forms</u>	<u>Title</u>	<u>Location</u>
<u>DOC 030120A</u>	"Inmate Property Inventory Form"	<u>OP-030120</u>
<u>DOC 140147A</u>	"Referral for Gender Associated Requests"	Attached
<u>DOC 140117A</u>	"Request for Health Services"	<u>OP 140117</u>
<u>Attachments</u>	<u>Title</u>	<u>Location</u>
<u>Attachment A</u>	"Male to Female (MtF) Hormone Therapy Risk and Information Form"	Attached
<u>Attachment B</u>	"Female to Male (FtM) Hormone Therapy Risk and Information Form"	Attached
<u>Attachment C</u>	"Request for Gender Dysphoria (GD) Evaluation/Treatment" Algorithm	Attached

Exhibit 3-1

Outside Providers for Health Care Management	1
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Outside Providers for Health Care Management	ACA Standards: 2-CO-1F-14, 2-CO-4E-01, 5-ACI-6A-04, 5-ACI-6A-05, 5-ACI-6C-05, 5-ACI-6C-09M, 5-ACI-6C-11, 5-ACI-5F-04, 4-ACRS-4C-03M, 4-ACRS-4C-20M, 4-ACRS-4C-21		
Scott Crow, Director Oklahoma Department of Corrections	Signature on File		

Outside Providers for Health Care Management

I. Outside Specialty Care

Inmates, whose medical needs require health related services not available at the ODOC or primary medical contract provider, will have treatment and/or hospitalization made through an outside community provider (e.g., physician, emergency room, hospital, etc.) per 43A O.S. § 3-701a. (5-ACI-6A-05, 4-ACRS-4C-03)

Exhibit 3-2

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When referral for community specialist care is warranted, the indication will fall within four levels of care, as described below. Transportation will be provided in accordance with OP-040111 entitled "Transportation of Inmates."

A. Levels of Care

1. Level 1: Medically Mandatory/Emergency Care

Immediate or urgent or emergency care that is required to maintain or treat a life threatening illness or injury.

2. Level 2: Medically Necessary Care

Routine care or treatment provided to maintain a chronic or non-life threatening condition that cannot be reasonably delayed without the risk of further complication, serious deterioration, significant pain or discomfort.

3. Level 3: Medically Acceptable Care

Care or specific procedure that is medically acceptable but may not be medically necessary and is provided generally for the convenience of the inmate.

4. Level 4: Elective/Cosmetic Surgery

Care or specific procedure that is not medically necessary and may not be medically acceptable but requested by the inmate for cosmetic purposes or personal desire.

II. Referral Procedures (5-ACI-6A-04)

A. Level 1 – Medically Mandatory/Emergency Care

1. The inmate will be transported to a network provider unless the inmate's condition warrants immediate care; in such cases, the inmate will be transported to the nearest appropriate emergency facility. Transportation by Emergency Medical Services (EMS) will be within the protocols as established by the Oklahoma State Department of Health.
2. The correctional health services administrator (CHSA) or designee will notify the chief medical officer or designee by the next working day of admissions to community hospitals. Efforts will be made to transfer inmates to Lindsay Municipal Hospital (LMH) or Oklahoma University Medical Center (OUMC) when clinically appropriate. Primary consideration will be given to the inmate's medical and safety needs.

Exhibit 3-3

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3. Staff will refer to the following levels of after-hour care and weekend medical coverage with the understanding that this procedure does not require non-medical staff to have the level of training of licensed staff, but rather this system of referral makes use of basic first aid training.

a. Level A: Emergency/Life Threatening Situation

It is not necessary for the nurse (in a 24-hour care facility) or staff to contact the on-call medical provider in this category. The EMS should be summoned and the inmate transferred to the nearest appropriate emergency room (ER). This would include, but is not limited to:

- (1) Observed unconscious and/or unresponsive.
- (2) Circulatory or respiratory collapse such as severe chest pain or severe difficulty breathing.
- (3) Uncontrolled seizure activity.
- (4) Severe trauma leading to profuse bleeding, open fractures with protruding bones, severe head injuries, severe lacerations, or stab wounds, etc.
- (5) Sudden onset of altered mental status such as confusion, slurred speech, difficult to arouse, suspected drug overdose, or head injury followed by vomiting.

b. Level B: Urgent

The nurse (in a 24-hour care facility) or staff should consider the following as urgent and warranting contact of the on-call medical provider:

- (1) Any complaint relating to the head or neck such as severe headache, neck stiffness, or head/neck injuries.
- (2) Any complaint relating to the chest such as chest pain or difficulty breathing.
- (3) Any complaint relating to the abdomen such as diarrhea, vomiting, abdominal pain, or constipation of unusual duration.
- (4) Sports or work injuries such as suspected fractures, severe joint injury, spinal injuries, etc.
- (5) Most lacerations may be repaired up to 19 hours after

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injury has occurred, as long as bleeding is controlled and infection is prevented. All lacerations will be reported directly to the on-call medical provider to determine if repair is more urgent than can be provided by waiting until the next clinic availability.

c. Level C: Non-urgent

The nurse (in a 24-hour care facility) or staff does not need to contact the on-call medical provider in this category. This will include complaints not in Level A or B. This would include, for example, minor body aches, athlete's foot, cold symptoms, etc. Such cases may wait until the next working day, when there will be either a nurse or other medical provider on site. There is, however, nothing precluding the nurse from calling the on-call medical provider if there is any doubt in the presentation given by the inmate.

d. The CHSA of each facility will provide security with the schedule and phone numbers of the on-call medical staff.

B. Level 2 – Medically Necessary Care

1. A facility medical provider will initiate a request for an outside community referral in electronic form. Appropriate history, physical exam, diagnostic results, and radiographs will be included in the request for outside consultation.
2. The referral will be sent to the regional physician within 24 hours for approval or disapproval.
3. The regional physician will approve, disapprove, or forward the request to a specialist for online recommendations and triage within three working days. The medical provider will monitor the electronic referral for online specialist recommendations and reply as appropriate.
4. Disapproval of the referral by the regional physician may be appealed to the chief medical officer or designee, by the referring medical provider.
5. Approved referrals will be scheduled with the appointment time and date sent to the requesting facility. The CHSA will assign appropriate staff to monitor the appointment date and time and to notify facility security staff for transportation. The referral will be monitored by the medical provider for timeliness of appointment. The ODOC nurse manager at OUMC, the nurse clinic manager at Lindsay Memorial Hospital, or other outside clinic managers may be contacted regarding

Exhibit 3-5

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non-emergent appointments which are determined by the medical provider to be time sensitive.

6. Upon completion of the specialty appointment or receipt of online recommendations from a specialist, the documentation will be scanned and placed into the electronic health record (EHR) within two weeks of the appointment and/or online recommendations received and sent to the initiating medical provider for co-signature. The medical provider will review the recommendations and document treatment plan changes within three working days of receipt. (5-ACI-6A-04)

C. Level 3 – Medically Acceptable Care

1. Any referral in this category will be brought to the Utilization Review Committee (URC) for consideration of approval. Approval will be on a case-by-case basis.
2. URC is comprised of medical staff which is responsible for the collection and review of data that assures the appropriate allocation of medical resources. URC addresses under-utilization and over-utilization of resources as well as the review of treatment to determine that it meets professionally recognized standards of care and clinical practice guidelines.
3. If the referral is approved, the procedures for Level 2 medically necessary care referral will be followed.

D. Level 4 – Elective/Cosmetic Surgery (5-ACI-6C-05, 4-ACRS-4C-20)

1. Any Level 4 referral will be brought to the Utilization Review Committee for consideration of approval. This may not be approved unless there is a demonstrable and necessary medical or psychological need or substantial functional deficit that is correctable by the treatment or procedure.
2. If a referral is considered having met the above criteria, the medical provider will forward such referral to the chief medical officer for consideration of approval on a case-by-case basis.
3. If approval is given, the referral procedure for Level 2 medically necessary care will be followed.
4. Under circumstances as outlined in OP-031001 entitled "Inmate Escorted Leave/Activities," an inmate may be allowed to finance an elective or cosmetic surgical procedure at their own expense with an appropriately licensed provider of care. The inmate must sign the

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appropriate waiver notarized statement of financial responsibility before approval will be given.

III. Telehealth/Telemedicine

- A. Telehealth/telemedicine is the delivery of health care services done by interactive audio and video technology within the inmate's medical unit.
1. Prior to the inmate's initial telehealth/telemedicine appointment, an informed consent will be signed and will remain in full effect until the inmate either no longer requires telehealth/telemedicine or the inmate rescinds the consent by signing a waiver. (5-ACI-6C-11 b#1)
 2. The telehealth/telemedicine consultant may request additional information, including information from the inmate's EHR which will be faxed or mailed to the telehealth/telemedicine clinician. (5-ACI-6C-11 b#3)
 3. The facility provider or other health care professional will remain with the inmate during the telehealth visit to operate the telehealth system, assist the patient as needed, and to present any additional information to the telehealth/telemedicine consultant.
 4. The telehealth/telemedicine consultant will fax or scan to the facility provider copies of the evaluation, progress notes, and treatment recommendations. These copies will be scanned into the inmate's HER. (5-ACI-6C-11 b#4)
 5. The telehealth/telemedicine appointment will be held in an area that provides visual and auditory privacy. (5-ACI-6C-11 b#2)
 6. All staff present will comply with facility policies on privacy, confidentiality, and electronic security. (5-ACI-6C-11 b#2)

IV. Hospital Admissions/Emergency Room/Outside Referral Appointments

A. Admissions

1. Admissions to LMH or OUMC will be conducted in the following manner:
 - a. Telephonic or faxed communication may occur between providers prior to admission.
 - b. Scheduled admissions will be confirmed by the CHSA or designee prior to the inmate leaving the facility.

Exhibit 3-7

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2. For admission to local hospitals and OUMC, the CHSA or designee will notify the chief medical officer or designee by the next working day, utilizing the "Notification of Inmate Admission to Local/OUMC Hospital" (DOC 140121F, attached) and sending an email notification of its completion/submission. Admissions to LMH does not required notification.

B. Pertinent Medical Information for Inmate

The following protocol will be followed for hospital admissions, emergency room visits and outside referral appointments:

1. Hospital Admissions and Emergency Room Visits During Clinic Hours

A qualified healthcare professional (QHCP) will complete the "Outside Referral Record Summary" (DOC 140121A, attached) and a copy will be placed in sealed envelope for transport. The "Outside Referral Record Summary" will include, at a minimum:

- a. Allergies;
- b. Current medications;
- c. Current labs;
- d. Current immunizations;
- e. Current problems;
- f. Present illness;
- g. Pertinent physical findings; and
- h. Most recent vital signs (specific for emergency room).

2. Hospital Admissions and Emergency Room Visits After Clinic Hours

- a. If an emergency room visit occurs after clinic hours at a non-24 hour facility, a QHCP will complete the "After Clinic Hours – Transfer to ER Note" (DOC 140121G, attached).
- b. Emergency room visit that occur after clinic hours at a non-24 hour facility will be in accordance with MRSM 140117.01 entitled "Nursing Practice Protocol."

3. When an inmate returns back to the facility after an emergency room visit, hospital procedure or hospitalization admit, a follow-up by a

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QHCP will be completed utilizing the nursing protocol "Post Hospitalization/ER/Procedure Assessment." (MRSN 140117.01.54)

4. Initial and Follow-Up Outside Specialty Care Appointments

A copy of the "Consult Request" and all pertinent clinical information will be placed in a sealed envelope for transport. The "Consult Request" will include, at a minimum:

- a. Allergies;
- b. Current medications;
- c. Current labs;
- d. Current immunizations;
- e. Current problems;
- f. Present illness;
- g. Pertinent physical findings; and
- h. Most recent vital signs

5. All documentation will be kept confidential and placed in a sealed envelope for transport. Discharge summaries and any other medical records given upon discharge will be placed in sealed envelope and returned to the facility medical unit.

6. Any documentation received from an outside entity will be scanned into the EHR and sent to the medical provider for co-signature in accordance with OP-140106 entitled "Healthcare Record System."

V. Rules, Regulations and Administrative Procedures

A. Individual Appointments

Lindsay Municipal Hospital, OU Medical Center or other network providers will not hold routine sick call or perform medical and surgical services that are available in an ODOC, primary medical contract provider clinic or infirmary.

B. Return Appointments

For security reasons, minimum and higher security level inmates will not be informed of the date of an appointment or scheduled hospital admission.

Section-14 Health Services

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C. Payment for Services

Payment for medical services incurred from an outside community referral for the ODOC or primary medical contract provider will be accomplished by the outside community provider submitting a claim to the ODOC third party administrator. Any claims which come directly to the correctional health service administrator will be forwarded to the third party administrator for payment.

VI. Tracking

Outside community provider referrals will be reported on the "Medical Activity Report" via the ODOC web site <https://oklahoma.gov/doc.html> in accordance with OP-140107 entitled "Medical Services Management System."

VII. Health Leaves (5-ACI-5F-04)

Escorted health leaves may be granted to allow inmates who are not deemed a threat to the public or the employee, an opportunity to obtain specialized health care that cannot be provided by the state.

Inmates at community corrections centers, work centers or community contract facilities may be granted an authorized leave to obtain health care from community resources at their own expense as outlined below. Such leave will be escorted by an approved volunteer or an approved family member in accordance with OP-031001 entitled "Inmate Escorted Leave/Activities." Inmates assigned to work release and halfway houses do not require an escort for approved health leaves.

A. Eligibility

Inmates at all security levels are eligible for health leave as defined in the criteria below:

1. At minimum and higher security facilities, inmates may submit a request for health leave for a specific purpose to the CHSA. If the request is a valid health need, the CHSA will notify the facility head and the medical services administrator.
2. The facility head will make the final decision regarding the health leave after joint consultation with the CHSA and chief medical officer. The inmate will be required to pay the current mileage rate (round trip) and the hourly wages to include salary and benefits of the transporting officers. A notarized statement of inmate financial responsibility must accompany the "Health Care Leave Request Form" (DOC 140121B, attached).
3. At community corrections centers, work centers and halfway houses, inmates may receive health care through a community provider of

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their choice or through ODOC medical providers.

- a. ODOC medical providers may include certain community clinics with which ODOC has established a contract or memorandum of understanding to provide medical care for ODOC patients, or medical providers which are enrolled in the ODOC network of providers.
 - b. In no case will health care services be denied to any inmate based on prior care by a non-ODOC medical provider.
 - c. Inmates at community corrections centers, work centers and halfway houses will understand and sign the "Rules for Health Care Leave and Medication for Inmates Assigned to Community Corrections" form (DOC 140121C, attached).
4. All inmates who receive health services from non-ODOC medical providers will complete an "Affidavit of Financial Responsibility for Medical, Mental Health, Dental and/or Vision Care" form (DOC 140121D, attached), an "Authorization for Release of Protected Health Information" form (DOC 140108A) and provide records of each encounter on the "Record of Treatment by Community Health Care Provider" form (DOC 140121E, attached).
- a. This documentation will be returned to the facility medical unit for entry into the healthcare record.
 - b. Escorted activities as outlined in Section II. item F. and Section III. of OP-031001 entitled "Inmate Escorted Leave/Activities," will apply to health leaves.

B. Community

1. Non-emergency health care provided by community resources for inmates at community level facilities or below or on health leave status will be the financial responsibility of the inmate.
2. While on escape status the inmate will be financially responsible for all health care.

VIII. Research and Medical Experimentation

Under no circumstances will inmates be utilized for medical, pharmaceutical, or cosmetic experiments. This does not preclude individual treatment of an inmate based on his or her need for a specific medical procedure that is not generally available. (2-CO-1F-14, 2-CO-4E-01, 5-ACI-6C-09M, 4-ACRS-4C-20)

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Any research involving inmates will be consistent with established ethical, medical, legal, and regulatory standards for human research and in accordance with the Code of Federal Regulations. The chief medical officer and the director will approve any medically related research prior to its initiation. (5-ACI-6C-09M)

IX. Notification of Designated Individuals (2-CO-4E-01, 4-ACRS-4C-21)

Notification of designated individuals (next of kin) will be in accordance with OP-140111 entitled "Inmate Death, Injury and Illness Notification and Procedures."

X. References

Policy Statement No. P-140100 entitled "Inmate Medical, Mental Health and Dental Care"

OP-031001 entitled "Inmate Escorted Leave/Activities"

OP-040111 entitled "Transportation of Inmates"

OP-140106 entitled "Healthcare Record System"

OP-140107 entitled "Medical Services Management System"

OP-140111 entitled "Inmate Death, Injury and Illness Notification and Procedures"

43A O.S. § 3-701a

XI. Action

The chief medical officer is responsible for compliance with this procedure.

The director of Offender Services is responsible for the annual review and revisions.

Any exceptions to this procedure will require prior written approval from the agency director.

This procedure is effective as indicated.

Replaced: Operations Memorandum No. OP-140121 entitled "Outside Providers for Health Care Management" dated April 25, 2018

Distribution: Policy and Operations Manual
Agency Website

Exhibit 3-12

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<u>Referenced Forms</u>	<u>Title</u>	<u>Location</u>
<u>DOC 140108A</u>	"Authorization for Release of Protected Health Information"	<u>OP-140108</u>
<u>DOC 140121A</u>	"Outside Referral Record Summary"	Attached
<u>DOC 140121B</u>	"Health Care Leave Request Form"	Attached
<u>DOC 140121C</u>	"Rules for Health Care Leave and Medication For Inmates Assigned to Community Corrections"	Attached
<u>DOC 140121D</u>	"Affidavit of Financial Responsibility for Medical Mental Health, Dental, and/or Vision Care"	Attached
<u>DOC 140121E</u>	"Record of Treatment by Community Health Care Provider"	Attached
<u>DOC 140121F</u>	"Notification of Inmate Admission to Local/OUMC Hospital"	Attached
<u>DOC 140121G</u>	"After Clinic Hours –Transfer to ER Note"	Attached

Exhibit
4-1LAW LIBRARY
RTS # 21-4376
ASSIGNED TO Medical
DUE BY: 9/20/21Must Be Submitted Through the Law Library or Designee
Inmate/Offender Grievance Process

SEP 09 2021

REQUEST TO STAFF

TO: CHSA-Medical

FACILITY/UNIT: CSP

DATE: 9-7-21

(NAME AND TITLE OF STAFF MEMBER)

I have ___ have not ☒ already submitted a "Request to Staff" or grievance on this same issue.

If yes, what date: ___ facility: ___ grievance #: ___

I affirm that I do ___ do not ☒ have a grievance pending on this issue.I affirm that I do ___ do not ☒ have a lawsuit of any type pending that relates in any way to this issue.

If a lawsuit is pending, indicate case number and court: ___

This request ___ does ☒ does not relate to a pending misconduct report. If it does, this request may only be answered by the disciplinary coordinator assigned to the misconduct.

SUBJECT: State completely, but briefly, the problem on which you desire assistance. This statement must be specific as to the complaint, dates, places, personnel involved, and how you were affected. One issue or incident per "Request to Staff." Your failure to specifically state your problem may result in this being returned unanswered.

On 9-7-21, I was informed that the
MCC (Utilization Review Committee) denied
me having a free left surgery on 8-16-21
this violates my U.S. Constitutional Rights
(USE OTHER SIDE IF MORE SPACE IS NEEDED. DO NOT ATTACH ADDITIONAL PAGES.)

ACTION REQUESTED: State exactly how you believe your request may be handled; that is, what exactly should be done and how.

Appeal to the P.T.A.R.A. to determine
free left

NAME: Lamone Johnson

DOC NUMBER: 74407

UNIT & CELL NUMBER: MECH

SIGNATURE: 

WORK ASSIGNMENT: ___

DO NOT WRITE BELOW THIS LINE

DISPOSITION:

This matter has been discussed & is not within DOC Means to provide
Please be advised that writing 4 RTS to Staff in same day
for same thing is an abuse of Privileges & if continues will be reported
Keith Clark 9-15-21

STAFF MEMBER

DATE

Date response sent to inmate/offender: SEP 16 2021

1. Original to file
2. Copy to Inmate/offender

DOC 090124D (R 4/19)

Exhibit 4-2

LAW LIBRARY	
RTS # <u>2-4375</u>	Must Be Submitted Through the Law Library or Designee
ASSIGNED TO <u>Medical</u>	
DUE BY: <u>9-22-21</u>	

SEP 09 2021

Inmate/Offender Grievance Process
REQUEST TO STAFF

TO: Medical-CHSA FACILITY/UNIT: OSP DATE: 9-7-21
(NAME AND TITLE OF STAFF MEMBER)

I have ___ have not ☒ already submitted a "Request to Staff" or grievance on this same issue.
If yes, what date: ___ facility: ___ grievance #: ___
I affirm that I do ___ do not ☒ have a grievance pending on this issue.
I affirm that I do ___ do not ☒ have a lawsuit of any type pending that relates in any way to this issue.
If a lawsuit is pending, indicate case number and court: ___
This request ___ does ☒ does not relate to a pending misconduct report. If it does, this request may only be answered by the disciplinary coordinator assigned to the misconduct.

SUBJECT: State completely, but briefly, the problem on which you desire assistance. This statement must be specific as to the complaint, dates, places, personnel involved, and how you were affected. One issue or incident per "Request to Staff." Your failure to specifically state your problem may result in this being returned unanswered.

On 9-7-21, I was informed that CRC
denied my fillers on 8-16-21. This is
a violation to my 14th Constitutional Rights
Of the 8th Amendment - serious medical care
(USE OTHER SIDE IF MORE SPACE IS NEEDED. DO NOT ATTACH ADDITIONAL PAGES)

ACTION REQUESTED: State exactly how you believe your request may be handled; that is, what exactly should be done and how.

Appeal to the P.T.A.A.

NAME: Lamorne Johnson DOC NUMBER: 24447 UNIT & CELL NUMBER: 11-11
(PRINT)

SIGNATURE: [Signature] WORK ASSIGNMENT: ___

DO NOT WRITE BELOW THIS LINE

DISPOSITION:

This matter has been discussed & is not within DOC
means to provide. Please be advised that writing 4-RTS
to staff in same day for same thing is an abuse of privilege &
if continues will be reported.

STAFF MEMBER

Attall CHSA DATE

9-15-21

Date response sent to inmate/offender: ___

1. Original to file
2. Copy to inmate/offender

SEP 16 2021

DOC 090124D (R 4/19)

LAW LIBRARY
 RTS # 214374
 ASSIGNED TO Medical **Must Be Submitted Through the Law Library or Designee**
 DUE BY: 9/20/21

Exhibit 4-3

SEP 09 2021

Inmate/Offender Grievance Process

REQUEST TO STAFF

TO: Medical-CHSA FACILITY/UNIT: OSP DATE: 9-7-21
 (NAME AND TITLE OF STAFF MEMBER)

I have have not X already submitted a "Request to Staff" or grievance on this same issue.
 If yes, what date: facility: grievance #:
 I affirm that I do do not X have a grievance pending on this issue.
 I affirm that I do do not X have a lawsuit of any type pending that relates in any way to this issue.
 If a lawsuit is pending, indicate case number and court:
 This request does X does not relate to a pending misconduct report. If it does, this request may only be answered by the disciplinary coordinator assigned to the misconduct.

SUBJECT: State completely, but briefly, the problem on which you desire assistance. This statement must be specific as to the complaint, dates, places, personnel involved, and how you were affected. One issue or incident per "Request to Staff." Your failure to specifically state your problem may result in this being returned unanswered.

On 9-7-21, I was informed that the LLC denied my Breast lift/augmentation. This violates my 6th Amendment rights to the U.S. Constitution.

(USE OTHER SIDE IF MORE SPACE IS NEEDED. DO NOT ATTACH ADDITIONAL PAGES.)

ACTION REQUESTED: State exactly how you believe your request may be handled; that is, what exactly should be done and how.

Appeal to the P.I.A.R.A. for determination for Breast augmentation.

NAME: Lamorne Johnson DOC NUMBER: 744047 UNIT & CELL NUMBER: 1E6A14
 (PRINT)

SIGNATURE: [Signature] WORK ASSIGNMENT:

DO NOT WRITE BELOW THIS LINE

DISPOSITION:

Mr. Johnson, this matter has been denied & is not within our means to provide. Please be advised that writing 4. Request to Staff in same day for same thing is an abuse.
A Hall CHSA 9-15-21

STAFF MEMBER

DATE

Date response sent to inmate/offender:

SEP 16 2021

1. Original to file
2. Copy to Inmate/offender

DOC 090124D (R 4/19)

Exhibit 4-4

LAW LIBRARY
 RTS # 24377
 ASSIGNED TO: Medical Must Be Submitted Through the Law Library or Designee
 DUE BY: 9/20/21

SEP 09 2021

Inmate/Offender Grievance Process

REQUEST TO STAFF

TO: Medical CITS FACILITY/UNIT: CSP DATE: 9-7-21
 (NAME AND TITLE OF STAFF MEMBER)

I have have not X already submitted a "Request to Staff" or grievance on this same issue.
 If yes, what date: facility: grievance #:
 I affirm that I do do not X have a grievance pending on this issue.
 I affirm that I do do not X have a lawsuit of any type pending that relates in any way to this issue.
 If a lawsuit is pending, indicate case number and court:
 This request does X does not relate to a pending misconduct report. If it does, this request may only be answered by the disciplinary coordinator assigned to the misconduct.

SUBJECT: State completely, but briefly, the problem on which you desire assistance. This statement must be specific as to the complaint, dates, places, personnel involved, and how you were affected. One issue or incident per "Request to Staff." Your failure to specifically state your problem may result in this being returned unanswered.

On 9-7-21, I was informed that WCC
denied my sex reassignment surgery
this violated my 8th Amendment rights
to the U.S. Constitution

(USE OTHER SIDE IF MORE SPACE IS NEEDED. DO NOT ATTACH ADDITIONAL PAGES.)

ACTION REQUESTED: State exactly how you believe your request may be handled; that is, what exactly should be done and how.

Referred to P.I. A.R.D. to determine
sex reassignment surgery.

NAME: Lamare Johnson DOC NUMBER: 744043 UNIT & CELL NUMBER: MCHH
 (PRINT)
 SIGNATURE: [Signature] WORK ASSIGNMENT:

DO NOT WRITE BELOW THIS LINE

DISPOSITION:

This matter has been decided & is not within our means to provide.
Please be advised that writing 4 RTS to staff in same day for
same thing is an Abuse of Privileges & if continues will be reported
Kirkell CITS 9-5-21

STAFF MEMBER

DATE

Date response sent to inmate/offender: SEP 16 2021

1. Original to file
2. Copy to inmate/offender

DOC 090124D (R 4/19)

Exhibit Set
INMATE/OFFENDER GRIEVANCE

Grievance no. OSPM 21-25Grievance code: 7Response due: 10-10-21**DO NOT WRITE ABOVE THIS LINE**Date 9-20-21Facility or Unit OSPName Lamorne Johnson
(Print)Facility Housing Unit NE-6-1CDOC Number 74404Date "Request to Staff" response received: 9-16-21

Have you previously submitted a grievance on this same issue? No If yes, what date N/A, facility NA, grievance # N/A. You must submit this completed original within 15 days of the receipt of the response to the "Request to Staff". The "Request to Staff" must have been submitted within 7 days of the incident.

Do not include/attach anything to this grievance except the "Request to Staff" including the response. You may quote from or make reference to statutes, operations, field, or administrative memoranda, department publications (time sheets, inventory forms, assessments, etc.). You will be permitted only one opportunity to correct any error(s) made in submitting your grievance.

1. The nature of your complaint. This statement must be specific as to the complaint, dates, places, personnel involved, and how you were affected. One issue or incident per grievance. Use backside of this page only, if necessary.

On 9-7-21, I was informed that the WRC (Utilization review Committee) denied my Face lift (Facial Feminization Surgery) On 8-16-21. This violates my 8th Amendment Rights to the U.S. Constitution ^{302b.c}

2. Informal action taken (including dates) to resolve the complaint, as well as the names of those employees from whom you sought an answer to your grievance.

Sick calls (3-18-21, 9-7-21)
RTS to CIT (9-7-21)

3. The action you believe the reviewing authority may lawfully take.

Appear to the P.I.A. to determine Surgery

Grievance report sent to (warden/facility head/deputy director/correctional health services administrator):

Name W. HallTitle CHSASignature of Grievant Lamorne JohnsonDate Sent to Reviewing Authority 9-20-21

DOC 090124A (R 4/19)

1. Original to file
2. Copy to inmate/offender

INMATE/OFFENDER GRIEVANCE

Grievance no. OSPML 2129Grievance code: 7Response due: 10-10-21

DO NOT WRITE ABOVE THIS LINE

Date 9-20-21Facility or Unit OSPName Lamone JohnsonFacility Housing Unit NE-6-KDOC Number 74407 (Print)Date "Request to Staff" response received: 9-16-21

Have you previously submitted a grievance on this same issue? NO If yes, what date NA, facility NA, grievance # NA. You must submit this completed original within 15 days of the receipt of the response to the "Request to Staff". The "Request to Staff" must have been submitted within 7 days of the incident. Do not include/attach anything to this grievance except the "Request to Staff" including the response. You may quote from or make reference to statutes, operations, field, or administrative memoranda, department publications (time sheets, inventory forms, assessments, etc.). You will be permitted only one opportunity to correct any error(s) made in submitting your grievance.

- The nature of your complaint. This statement must be specific as to the complaint, dates, places, personnel involved, and how you were affected. One issue or incident per grievance. Use backside of this page only, if necessary.
On 9-7-21, I was informed that the WCC denied my breast lift/Augmentation. This violates my 8th Amendment rights to the U.S. Constitution. This is not the same issue, it's different surgery's and Seabell
- Informal action taken (including dates) to resolve the complaint, as well as the names of those employees from whom you sought an answer to your grievance.
LTs to C.I.T.S.A (9-7-21)
Sick calls (8-15-21, 9-7-21)
- The action you believe the reviewing authority may lawfully take.
Appeal to P.Z. A.R.A to determine Surgery.

Grievance report sent to (warden/facility head/deputy director/correctional health services administrator):

Name L. HallTitle CHSASignature of Grievant Lamone JohnsonDate Sent to Reviewing Authority 9-20-21

1. Original to file
2. Copy to inmate/offender

DOC 090124A (R 4/19)

INMATE/OFFENDER GRIEVANCE

Grievance no. DSPMG 21-20Exhibit 5-3Grievance code: 7Response due: 10/02/21**DO NOT WRITE ABOVE THIS LINE**Date 9-20-21Facility or Unit OSPName Lumore Johnson
(Print)Facility Housing Unit NE-6-KDOC Number 744027Date "Request to Staff" response received: 9-16-21

Have you previously submitted a grievance on this same issue? NO If yes, what date NA, facility NA, grievance # NA. You must submit this completed original within 15 days of the receipt of the response to the "Request to Staff". The "Request to Staff" must have been submitted within 7 days of the incident. Do not include/attach anything to this grievance except the "Request to Staff" including the response. You may quote from or make reference to statutes, operations, field, or administrative memoranda, department publications (time sheets, inventory forms, assessments, etc.). You will be permitted only one opportunity to correct any error(s) made in submitting your grievance.

1. The nature of your complaint. This statement must be specific as to the complaint, dates, places, personnel involved, and how you were affected. One issue or incident per grievance. Use backside of this page only, if necessary.

On 9-7-21, I was informed that WLC denied my filters. On 9-16-21, this is a violation of my 6th Amendment right to the U.S. Constitution. Denial of my serious medical care and the least back.

2. Informal action taken (including dates) to resolve the complaint, as well as the names of those employees from whom you sought an answer to your grievance.

§ 78(1)(b) (5-18-21) (9-7-21)
RTS (9-7-21) to CHSA

3. The action you believe the reviewing authority may lawfully take.

Appeal to the P.I.A.R.A. for final determination
(See # 140147)

Grievance report sent to (warden/facility head/deputy director/correctional health services administrator)

Name L. Hall Title CHSA

Signature of Grievant [Signature] Date Sent to Reviewing Authority 9-20-21

1. Original to file
2. Copy to inmate/offender

DOC 090124A (R 4/19)

INMATE/OFFENDER GRIEVANCE

Grievance no. OSPMG 21-210Grievance code: 7Response due: 10/10/21

Exhibit 5-4

DO NOT WRITE ABOVE THIS LINE

Date 9-7-21Facility or Unit OSPName Lamone Johnson
(Print)Facility Housing Unit NE-6-KDOC Number 744047Date "Request to Staff" response received: 9-16-21

Have you previously submitted a grievance on this same issue? No If yes, what date N/A, facility NA, grievance # N/A. You must submit this completed original within 15 days of the receipt of the response to the "Request to Staff". The "Request to Staff" must have been submitted within 7 days of the incident. Do not include/attach anything to this grievance except the "Request to Staff" including the response. You may quote from or make reference to statutes, operations, field, or administrative memoranda, department publications (time sheets, inventory forms, assessments, etc.). You will be permitted only one opportunity to correct any error(s) made in submitting your grievance.

1. The nature of your complaint. This statement must be specific as to the complaint, dates, places, personnel involved, and how you were affected. One issue or incident per grievance. Use backside of this page only, if necessary.

On 9-7-21, I was informed that WLC denied my sex reassignment surgery. This ^{seems} violates my 8th Amendment and 14th Amendment Rights of the U.S. Constitution. This is not the

2. Informal action taken (including dates) to resolve the complaint, as well as the names of those employees from whom you sought an answer to your grievance.

SICK calls (8-18-21, 9-7-21)
RTS to CHSA (9-7-21)

3. The action you believe the reviewing authority may lawfully take.

Appeal to the P.I.A.R.A. to determine sex reassignment surgery

Grievance report sent to (warden/facility head/deputy director/correctional health services administrator):

Name L. HsuTitle CHSASignature of Grievant [Signature]Date Sent to Reviewing Authority 9-20-21

DOC 090124A (R 4/19)

1. Original to file
2. Copy to inmate/offender

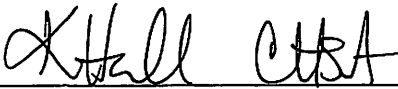
Exhibit 6-1

Grievance Decision from Reviewing AuthorityInmate/Offender Name: Lamone JohnsonDOC Number: 744047Receipt Date: 09/20/2021Grievance Category Code: 7Grievance Number: OSPMG21-27

- | | | | | |
|-------------------|-----------------------------|-------------|------------------------|------------------------------------|
| 1. Discrimination | 3. Complaint against staff | 5. Reserved | 7. Medical | 9. Records/Sentence Admin. |
| 2. Classification | 4. Condition of confinement | 6. Legal | 8. Property/Trust Fund | 10. Religion 11. Personal Identity |

Decision:

In accordance with OP-140147, your request for "fillers" has been referred to the PIARA for final determination. Upon conclusion of the PIARA review, you will receive notification of the committee's decision.



Reviewing Authority – Facility Health Services Admin (medical issues)

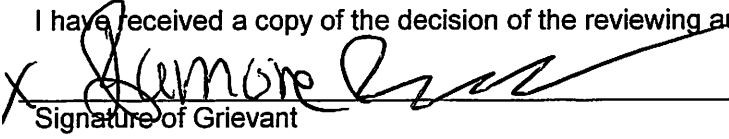
Date

10-6-21

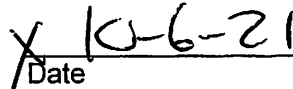
Review Authority – Facility/Unit Head

Date

I have received a copy of the decision of the reviewing authority.



Signature of Grievant



Date

Signature of Staff Witness and Printed Name of Witness

Date

You may appeal to the Administrative Review Authority at Department of Corrections, P.O. Box 11400, Oklahoma City, OK 73136-0400 or Medical ARA and the Personal Identity ARA at 3300 N. Martin Luther King Avenue, Oklahoma City, OK 73111, within 15 days of the receipt of response using only DOC Form 060125V entitled "Misconduct/Grievance Appeal To Administrative Review Authority." Do not send this decision to the Administrative Review Authority, Medical ARA or the Personal Identity ARA.

1. Original to file
2. Copy to inmate/offender

Exhibit C-2

Grievance Decision from Reviewing Authority

Inmate/Offender Name: Lamone Johnson DOC Number: 744047
 Receipt Date: 09/20/2021 Grievance Category Code: 7 Grievance Number: OSPMG21-24

- | | | | | |
|-------------------|-----------------------------|-------------|------------------------|------------------------------------|
| 1. Discrimination | 3. Complaint against staff | 5. Reserved | 7. Medical | 9. Records/Sentence Admin. |
| 2. Classification | 4. Condition of confinement | 6. Legal | 8. Property/Trust Fund | 10. Religion 11. Personal Identity |

Decision:

In accordance with OP-140147, your request for "breast lift/augmentation" has been referred to the PIARA for final determination. Upon conclusion of the PIARA review, you will receive notification of the committee's decision.

K Hall CHSA

Reviewing Authority – Facility Health Services Admin (medical issues)

Date

10-6-21

Review Authority – Facility/Unit Head

Date

I have received a copy of the decision of the reviewing authority.

X Lamone Johnson

Signature of Grievant

Date

X 10-6-21

Signature of Staff Witness and Printed Name of Witness

Date

You may appeal to the Administrative Review Authority at Department of Corrections, P.O. Box 11400, Oklahoma City, OK 73136-0400 or Medical ARA and the Personal Identity ARA at 3300 N. Martin Luther King Avenue, Oklahoma City, OK 73111, within 15 days of the receipt of response using only DOC Form 060125V entitled "Misconduct/Grievance Appeal To Administrative Review Authority." Do not send this decision to the Administrative Review Authority, Medical ARA or the Personal Identity ARA.

1. Original to file
2. Copy to inmate/offender

Exhibit 63

Grievance Decision from Reviewing Authority

Inmate/Offender Name: Lamone Johnson DOC Number: 744047
 Receipt Date: 09/20/2021 Grievance Category Code: 7 Grievance Number: OSPMG21-25

- | | | | | |
|-------------------|-----------------------------|-------------|------------------------|------------------------------------|
| 1. Discrimination | 3. Complaint against staff | 5. Reserved | 7. Medical | 9. Records/Sentence Admin. |
| 2. Classification | 4. Condition of confinement | 6. Legal | 8. Property/Trust Fund | 10. Religion 11. Personal Identity |

Decision:

In accordance with OP-140147, your request for "facelift" has been referred to the PIARA for final determination. Upon conclusion of the PIARA review, you will receive notification of the committee's decision.

K. Hall CTR

Reviewing Authority – Facility Health Services Admin (medical issues)

10-6-21

Date

Review Authority – Facility/Unit Head

Date

I have received a copy of the decision of the reviewing authority.

Lamone Johnson

Signature of Grievant

x 10-6-21

Date

Signature of Staff Witness and Printed Name of Witness

Date

You may appeal to the Administrative Review Authority at Department of Corrections, P.O. Box 11400, Oklahoma City, OK 73136-0400 or Medical ARA and the Personal Identity ARA at 3300 N. Martin Luther King Avenue, Oklahoma City, OK 73111, within 15 days of the receipt of response using only DOC Form 060125V entitled "Misconduct/Grievance Appeal To Administrative Review Authority." Do not send this decision to the Administrative Review Authority, Medical ARA or the Personal Identity ARA.

1. Original to file
2. Copy to inmate/offender

Exhibit

64

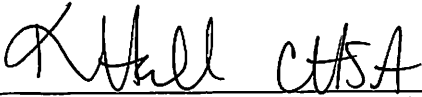
Grievance Decision from Reviewing Authority

Inmate/Offender Name: Lamone Johnson DOC Number: 744047
 Receipt Date: 09/20/2021 Grievance Category Code: 7 Grievance Number: OSPMG21-26

- | | | | | |
|-------------------|-----------------------------|-------------|------------------------|------------------------------------|
| 1. Discrimination | 3. Complaint against staff | 5. Reserved | 7. Medical | 9. Records/Sentence Admin. |
| 2. Classification | 4. Condition of confinement | 6. Legal | 8. Property/Trust Fund | 10. Religion 11. Personal Identity |

Decision:

In accordance with OP-140147, your request for "sex reassignment surgery" has been referred to the PIARA for final determination. Upon conclusion of the PIARA review, you will receive notification of the committee's decision.



Reviewing Authority – Facility Health Services Admin (medical issues)

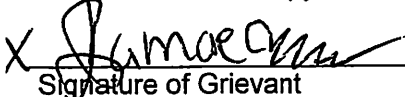
Date

10-6-21

Review Authority – Facility/Unit Head

Date

I have received a copy of the decision of the reviewing authority.



Signature of Grievant

10-6-21

Date

Signature of Staff Witness and Printed Name of Witness

Date

You may appeal to the Administrative Review Authority at Department of Corrections, P.O. Box 11400, Oklahoma City, OK 73136-0400 or Medical ARA and the Personal Identity ARA at 3300 N. Martin Luther King Avenue, Oklahoma City, OK 73111, within 15 days of the receipt of response using only DOC Form 060125V entitled "Misconduct/Grievance Appeal To Administrative Review Authority." Do not send this decision to the Administrative Review Authority, Medical ARA or the Personal Identity ARA.

1. Original to file
2. Copy to inmate/offender